

Green Mountain Shooting Preserve

Membership Application

Your Name:	_____				
Company Name (if Corporate Membership):	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone (Home)	_____	(Work)	_____		
Email:	_____				
Emergency Contact: (Name)	_____				
(Relationship)	_____				
(Phone)	_____				

Type of Membership (please circle one): **INDIVIDUAL** **FAMILY** **CORPORATE**

By signing below, I agree that I have reviewed all Rules & Regulations at Green Mountain Shooting Preserve and will follow them as required in order to facilitate the safest hunting environment possible at all times while exercising my Membership Privileges at Green Mountain Shooting Preserve. I agree to be held responsible for the actions of all guests that accompany me on hunts at the Preserve and understand any rules that are broken by my own actions or those of my guests will result in penalties up to and including loss of membership privileges and benefits. All memberships are non-refundable and non-transferable. Green Mountain Shooting Preserve reserves the right to amend any rule and regulation at any time for any reason.

Member's Signature: _____

Date: _____

Membership Valid From: _____ until _____